Every operator of a motor vehicle involved in an accident resulting in either injury, death, or damages over \$1,000.00 to the property of any one person (including the operator) must complete and return this confidential report within 10 days following the accident.

If the driver is physically unable to fill out the report, the owner of the motor vehicle is required to do so. If you have difficulty filling out the report, consult your insurance agent or nearest police authority. Failure to report an accident as required is a misdemeanor, punishable by a fine of \$50.00.

# Report Form Instructions (print in ink or type)

#### **Accident location:**

After entering the date, county, and city information, describe where the accident occurred. If the crash happened on a numbered rural highway, give the direction and number of feet from the nearest milepost. If your accident occurred on an urban highway, skip the "distance from milepost" section.

If the accident occurred at an intersection, enter the name of the intersecting roadway. For those accidents not located at an intersection, enter the approximate distance in feet from the nearest landmark (intersection, city limit, bridge name, etc.).

#### Vehicle and driver involvement:

Answer the questions asked about your vehicle and any other vehicle involved in the accident to the best of your ability. If more than two vehicles were involved, complete an accident form(s). Refer to your vehicle as vehicle number 1 throughout the report. Information on bicycles may be entered in the "other vehicle" section.

Be careful when listing the estimated damage to your vehicle. Use a garage estimate whenever possible.

#### Airbag deployment coding:

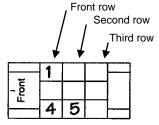
For every occupant in your vehicle, including yourself, enter the correct airbag deployed code according to each person's seating position. For help in marking the car graph, see the following example: Example: There are a total of three occupants in the vehicle, with the driver and one occupant in front, and the third person in the back seat behind the driver. Both the driver and the front passenger seats are equipped with front air bags. The driver's air bag does not deploy during the crash, the front seat passenger's air bag does deploy. The passenger in the backseat does not have an airbag available. The car graph would be marked as shown.

#### Restraint use coding:

For every occupant in your vehicle, including yourself, enter the correct restraint code according to each person's seating position. For help in marking the car graph, see the following example.

Example: If there were three occupants in the vehicle, with the driver and one occupant in front, both using lap and shoulder belts, and the third occupant in the back seat behind the driver not using any restraint, the car graph would be marked as shown.

Costume helmet – Non-DOT approved

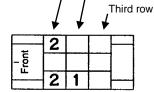


- 1 Deployed front
- 2 Deployed side
- 3 Deployed both front/side

Second row

- 4 Not deployed
- 5 Not applicable/
- No airbag available

  6 Unknown Front row



- 1 None used vehicle occupant
- 2 Lap & shoulder belt used
- 3 Shoulder belt only used
- 4 Lap belt only used
- 5 Child safety seat used
- 6 Child booster seat used
- 7 DOT approved helmet used
- 8 Costume helmet used
- 9 Restraint use unknown

# How to enter information about injured persons:

Carefully complete this section for each person injured in **your vehicle** and any **pedestrians** or **bicyclists** injured in the accident. After providing the name, address, date of birth, and sex of each injured person, answer questions 1-5 by writing your response in the appropriate box. If you need to provide injury information for more than four persons, complete another report form.

Example: Assume the car you were driving collided with a bicycle. The bicycle operator was seriously injured and rushed to the hospital. Although you bruised your shoulder and one of your passengers complained of neck pain, no one riding in your vehicle received immediate medical treatment.

	ting your response in the appropriate rmation for more than four persons, o	DATE OF BIRTH	1	2	3	4	5	SEX	
report form.			(MM / DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev.	Trans.	MF
NAME	ADDRESS								
Sam Public	123 Elm S1.	Lincoln, NE 68502	10 / 17 / 1993	19		05	2	2	М
NAME	ADDRESS								
Jan Doe	3456 Vermont Ave.	Lincoln, NE 68503	07 / 31 / 1964	01	1	06	3	1	f
NAME	ADDRESS								
Mary Doe	3456 Vermont Ave.	Lincoln, NE 68503	12 / 30 / 1989	03	1	03	4	1	f
NAME	ADDRESS								
			/ /						

Instruction Page for Page 1 of the Accident Report.

Discard this sheet after use.

# How to Complete the Back Side of the Accident Report

Answer all of the questions asked about the crash by checking the proper box.

Draw a diagram to show what happened. Provide an explanation of the events which occurred. Instructions on what to show on the diagram are provided below.

If property was damaged, briefly describe it. Enter the owner's name and address and estimate the cost of the damage.

Check whether or not an investigator was contacted. If so, give the officer's name or badge number and the name of their agency.

Do not forget to sign the accident report before mailing it to:

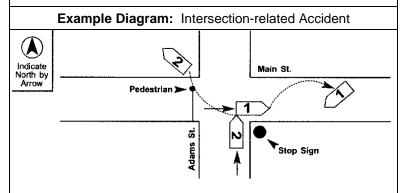
Highway Safety – Accident Records Bureau Nebraska Department of Transportation P.O. Box 94669 Lincoln, NE 68509-4669

#### What to show on the diagram

- In the upper left corner, draw an arrow to indicate north.
- 2. Name all streets and roads.
- 3. Number each vehicle and use a solid arrow to show the paths the vehicles or pedestrians were traveling before the collision.
- 4. Draw the vehicle positions at the point of collision.
- Use a dotted arrow to indicate the post-crash paths of the vehicles, and draw the vehicles where they came to rest.
- Identify any objects involved (bridges, buildings, guardrail, animals, etc.). If the object was off the roadway, note the distance from the edge of the road.
- Give distances to landmarks (intersections, mileposts, bridges, railroad crossings, etc.).

# Indicate North by Arrow Example Diagram: Typical Rural Accident Telephone Pole 75' to Bridge US-28

The right front wheel of No. 1 slipped off the edge of the pavement. While trying to get back on the pavement, the driver turned too sharply and allowed his car to cross the centerline where it struck the left rear side of No. 2. Both vehicles left the roadway after the collision and No. 1 then struck a telephone pole.



No. 2, going north on Adams Street, failed to stop before entering the intersection with Main Street. No. 1 was going east on Main Street. No. 2 struck the right side of No. 1 and No. 2 then went over the curb after striking a pedestrian, who was trying to cross Main Street.

Instruction Page for Page 2 of the Accident Report.
Discard this sheet after use.

# Use Black State of Nebraska Driver's Motor Vehicle Accident Report Questions? 1-402-479-4645 Mail within 10 days of accident to: Highway Safety, Nebraska Department of Transportation, P.O. Box 94669, Lincoln, NE 68509-4669

		n 10 days of a					•								on, I	٥.٥.	Rox					-4669	
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Driver Contributing Circumstances M	Driver Condition (Check one per driver)	Р	Road Character	D	Road	E	Road Surface	F
(Check one per driver)	Vehicle		(Check one)		Surface		Condition (Check one)	
Vehicle	1 2 1 □ □ Apparently normal		<ol> <li>Straight and level</li> <li>Straight and on slope</li> </ol>		(Check one)		1 Dry	
1 2 01 □ □ No improper driving	2  Physical impairment		3 Straight and on hilltop		1 Concrete 2 Asphalt		2 Wet 3 Snow	
02   Failed to yield right of way	3		4   Curved and level		3 🔲 Brick		4   Ice	
03 Disregarded traffic signs, signals, road markings	4  Illness		<ul><li>5  Curved and on slope</li><li>6  Curved and on hilltop</li></ul>		4 Gravel 5 Dirt		5 🔲 Sand, mud, dirt, oil, gr	
04	5 ☐ ☐ Fell asleep, fainted, fatigued, etc. 6 ☐ ☐ Under the influence of medications/drugs/alcohol	ļ	Curved and or milliop		6 Other (specif	y)	<ul><li>6 □ Water (standing, movi</li><li>7 □ Slush</li></ul>	ng)
05 ☐ ☐ Driving too fast for conditions 06 ☐ ☐ Made improper turn	7  Other (specify)		Environment	1	Total	G	8 Other (specify)	
07  Wrong side or wrong way	8 🗆 Unknown		Contributing		Number		9 🗖 Unknown	
08			Circumstances		of Through			_
09		J	(Check one) 1 □ None		Lanes		Median Type	Н
10  Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner	(Check one per driver)  Vehicle		2 Weather conditions		(Check one) 1 ☐ One lane		(Check one) 1 ☐ Median barrier	
11  Swerving or avoiding due to wind, slippery surface,	1 2		3 ☐ Vision obstruction 4 ☐ Glare		2 Two lanes		2 Raised median (curbe	
vehicle, object, non-motorist in roadway, etc.	01 None		5 Animal in roadway		3 ☐ Three lanes 4 ☐ Four lanes		<ul><li>3 ☐ Grass median (no curl</li><li>4 ☐ Painted (no curb)</li></ul>	o)
12 Over-correcting/over-steering 13 Visibility obstructed	02		6 ☐ Other (specify) 7 ☐ Unknown		5  Five lanes		5 None	
14  Inattention	04  Rut, holes, bumps	-		-	6 Six or more la		1	
15  Mobile phone distraction	05		Light Condition	С		ditio	n (Check up to two)	& 2
16 Distracted – other	06		(Check one) 1 ☐ Daylight		01 ☐ Clear 02 ☐ Cloudy		06 ☐ Snow 07 ☐ Severe crosswinds	
17 🔲 🗖 Fatigued/asleep	07  Obstruction in roadway		2 Dawn		03 Ground Fog, smog, s	moke	08 Blowing sand, soil,	
18 Operating defective equipment	08	ed	3 Dusk		04 🔲 Rain		dirt, snow	
19  Other improper action 20  Unknown	09 ☐ ☐ Shoulders (none, low, soft, high) 10 ☐ ☐ Non-highway work		<ul> <li>4 □ Dark-lighted roadway</li> <li>5 □ Dark-roadway not light</li> </ul>		05 Sleet, hail, fre rain/drizzle	ezing	09 ☐ Other (specify) 10 ☐ Unknown	
20 L GIIKIIOWII	11  Other (specify)		6 ☐ Dark-unknown roadwa		Was the crash in o	or nes		R
	12 Unknown		lighting	•	maintenance or ut			
INDICATE BY DIAGE	RAM WHAT HAPPENED		7 ☐ Other (specify) 8 ☐ Unknown		(Check one)	-		
	VAN WHAT HAT ENED	Ĺ	o L onknown		1 🗆 No	2	2 ☐ Unknown 3 ☐	Yes
Indicate								
North								
by Arrow								
DESCRIPE	E WHAT HAPPENED (Refer to your vehicle a	20 A	ula 1 any others as A	10. 3	2 No. 2 oto.)			
DESCRIBE	WHAT HAPPENED (Refer to your verticle a	15 I	No. 1, arry ouners as r	10. 2	., 140. 3, 610.)			
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NON-VEHICLE OBJECT DAMAGED OWNER			(	10	<u> </u>	<u> </u>	DDOV 000= 0=	
NON-VEHICLE OBJECT DAMAGED OWNER	NAME ADDRESS		PH /	IONE	`		PROX. COST OF DAMAGE	:
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1143 4 1 01100	R NAME OR BADGE NUMBER		DEPARTMENT (Name of C	ıty, C	ounty, etc.)			
Officer Contacted?  No	TOP SIGNATURE (Postured if physically abla)				- In	ATE		
I certify, to the best of my knowledge, that this report is true and accurate.	TOR SIGNATURE (Required if physically able)				D/	716		

ON-LINE VERSION	DRIVER MUST C	OMPLETE IN FULL	
You, the driver, must provide information about the	e liability insurance co	vering the motor vehicle yo	ou were driving. Please complete the following.
Name of Insurance Company Affording Liability Coverage on Date of Accident			
Address			
Vehicle Information: VIN No.		Year N	Make Model
Name of Agent Who Sold Policy		Address	
Policy No Date	of Accident	in or near	, Nebraska
	(Month,	Day, Year)	
Driver	Address		
Owner	Address		
Name of Policyholder			

## **ON-LINE VERSION**

# THIS SIDE FOR INSURANCE COMPANY USE ONLY

TO: Department of Motor Vehicles Financial Responsibility Section 301 Centennial Mall South PO Box 94877

Please return this form immediately if policy was not in effect as described by motorist.

PO Box 94877 Lincoln NE 68509-4877	Do not return form if	policy was in effect.
	ance policy, as described on the reverse side, does not afford \$50,000 bodily injury and \$25,000 property damage for this a	
	(please complete)	
Name of Insurance Company	Authorized Representative	Date

## **INSURANCE INFORMATION**

Please read instructions carefully.

Return this entire page with the completed Accident Report.